Questionnaire about orthopedic surgery

Q1. Who a	are you enteri	ng this questi	onnaire	?				
• Perso	n	• Gardians						
Q2. Please	e select the ge	nder of the pa	itient.					
• Male	• Femal	е						
Q3. What	is his/her pri	nary disease?						
• Cereb	oral palsy	• Stroke	• Else	()	
Q4. How o	old was he/she	at the time o	f the fir	st surgei	ry?			
		year						
Q5. How r	many times ha	as he/she had	ever su	rgeries?				
		times						
Q6. Circle	the surgery s	ites that he/s	he had e	ever und	ergone.			
Neck • A	Abdominal • B	ack • Shoulde	er•Elbo	ow • Rist	• Hand • H	lip • Knee •	Ankle • Fo	ot
Q7. Please	e circle those t	that apply.						
_	isfaction with sfied • satis		=	=			_	

Q8. How many times were ideal frequency of postoperative rehabilitation sessions in a week?
times
Q9. How many times were frequency of voluntary training at home per week?
times
Q10. Please circle those that apply.
The satisfaction with the timing of the surgery is [very satisfied · satisfied · neither · dissatisfied · very dissatisfied].
Q11. Please circle those that apply.
The current satisfaction with physical function change after orthopedic surgery is [very satisfied • satisfied • neither • dissatisfied • very dissatisfied].